

APPENDIX H

FORKLIFTS PROJECT APPLICATION

**Carl Moyer Memorial Air Standards Attainment Program
FORKLIFT PROJECT
APPLICATION**

This application is for incentive funds for the purchase of new electric forklift equipment.

Please provide the following information regarding your proposed purchase and application. Additional information may be requested during the review process, if needed. Applicant acknowledges that award of cash incentive is conditional upon approval of the District and must meet the minimum eligibility criteria.

Within ten working days of submission, you will either be notified that your application is complete, or provided with a list of deficiencies. Completed applications fulfilling the criteria will be approved within 60 working days of receipt. If you have any questions regarding the application process, please contact:

*District Incentive Program Contact
Contact Phone Number*

✓ CHECK LIST FOR APPLICATION ITEMS ✓

Be sure the following items are included with your application submittal. Check each applicable box below to indicate inclusion of material.

- ☐ Completed Applicant Information – Section A
 - ☐ Completed Existing Fleet Information – Section B
 - ☐ Completed New Equipment Information – Sections C through E
 - ☐ Completed Information About Existing Forklift Being Replaced – Section F
 - ☐ Completed Forklift Information For Operation/Facility Expansion or New Facility – Section G
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✓ CHECK LIST FOR ELIGIBILITY CRITERIA ✓

Please check each applicable box to indicate eligibility of proposed forklift technology.

- ☐ The equipment is an electric forklift:
 - ☐ Rated class 1 (lift code 5) four wheel sit-down counterbalanced model, cushion tire.
 - or**
 - ☐ Rated class 1 (lift code 6) four wheel sit-down counterbalanced model.
- ☐ The electric forklift is:
 - ☐ Replacing an older non-electric forklift in existing business/fleet.
 - or**
 - ☐ Part of business/fleet expansion.
 - or**
 - ☐ For new facility or business.
- ☐ The electric forklift is rated:
 - ☐ 3000 to 5999 pound lift capacity
 - ☐ 6000 pound or greater lift capacity (for existing business/fleet).
- ☐ A battery charging unit for the electric forklift will be purchased (includes fast charger for multiple forklifts).
- ☐ The purchase is not required by any local, state, or federal rule or regulation, or used to comply with any such rule or regulation.
- ☐ The purchase is not required by any local, state, or federal Memoranda of Understanding (MOU), or Memoranda of Agreement (MOA), or any other binding agreement.
- ☐ The amount of emission reduction is not required by any local, state, or federal MOU, or MOA, or any other binding agreement.
- ☐ Seventy five percent or more of the equipment fuel consumption or hours of operation will be within the boundaries of the district, or within California, for at least (5) years from the date the equipment is placed into service .

FORKLIFT APPLICATION

A. APPLICANT INFORMATION:		
Organization/Company Name:		
Business Type:		
Project Name:		
Contact name:		
Person with contract signing authority:		
Street/mailling address:		
City:	State:	Zip code:
Phone: ()	Fax: ()	
E-mail:		
Current operation/facility size (square feet):	Expanded operation/facility size (square feet):	
Geographic area served by organization:		
Geographic area to be served by equipment (if different than above):		

I hereby certify that all information provided in this application and any attachments are true and correct.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

EQUIPMENT INFORMATION

EXISTING FLEET INFORMATION (Please fill out if you are replacing a non-electric forklift in your current fleet/business or if this proposed purchase is for fleet/business expansion. If you are a new facility/business, please continue to Part C)	
1.	Number of forklifts in applicant's existing fleet:
2.	Number of non-electric forklifts in the applicant's current fleet:
3.	Business or industry of applicant:
4.	Does the applicant rent or lease forklifts to other parties?
5.	Routine work application of current forklift fleet:
6.	Is the current forklift fleet generally used inside or outside?
7.	Number of forklifts in existing fleet that are currently used on rough terrain, or inclines greater than 10 percent?
8.	Does the applicant currently own or lease charging equipment?

NEW EQUIPMENT INFORMATION

C. GENERAL INFORMATION ABOUT NEW EQUIPMENT PURCHASED OR CONSIDERED FOR PURCHASE (To be filled out by all applicants)	
9. Number of electric forklifts, rated Class I (lift code 5 or 6) purchased or considered for purchase?	
10. Do you intend to purchase more than one battery pack for each forklift?	
11. Number of chargers purchased or considered for purchase?	
12. Will the forklifts be used primarily inside or outside?	
13. Primary function or work application of equipment:	
14a. Estimated total annual hours of operation:	14b. Percent within district boundaries:
15a. Estimated annual electrical consumption for each forklift (kilowatt hours):	15b. Percent within district boundaries (<i>if applicable</i>):

NEW EQUIPMENT INFORMATION (CONTINUED)

16. Describe how, and where the forklift(s) will be charged: *(for example, charge forklift overnight or when not in use, or fast charge multiple forklifts, or remove batteries from forklift to charge & replace with charged battery packs for multiple shift operations).*

D. NEW ELECTRIC FORKLIFT EQUIPMENT PURCHASED OR CONSIDERED FOR PURCHASE (All applicants please fill out for each forklift purchased or considered for purchase)

17. Equipment make:

18. Equipment model:

19. Equipment model year:

20. Lift capacity (pounds) for each forklift:

21. What is the forklift class and lift code rating?

22. What kind of tires does the forklift have (air-filled, cushion, other)?

23a. Estimated replacement schedule:

23b. Project Life (do not include range)

24. Cost of new electric forklift (do not include battery pack):

25. Cost of one battery pack:

MANUFACTURER OR DEALER INFORMATION

E. MANUFACTURER OR DEALER INFORMATION (To be filled out by all applicants):	
Manufacture/Dealer:	
Street Address:	
City:	State:
Phone: ()	Fax: ()
Contact Name:	

FORKLIFT REPLACEMENT INFORMATION

INFORMATION ABOUT EXISTING FORKLIFT BEING REPLACED (Fill out if you are replacing a non-electric forklift in your existing fleet. If you are expanding your current fleet/business or are a new facility/business, go to G):		
26. Forklift manufacturer:		
27. Forklift model & serial number:	28. Year purchased:	29. Year manufactured:
30. Manufacturer's Maximum Rated Brake Horsepower Rating: (if known)	31. Lift capacity (pounds) for each forklift:	
32. Estimated annual fuel consumption (include units):	33. Estimated total annual hours of operation:	
34. How many years do you typically use your forklifts?	35. Estimated cost of replacing equipment:	
36. Primary Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Gasoline		
37. Primary function (work application) of forklift:		
38. Briefly describe what you intend to do with this forklift after you have purchased the new electric forklift:		

**INFORMATION ON FORKLIFTS USED FOR OPERATION/FACILITY EXPANSION
OR NEW FACILITY**

F. INFORMATION ON THE NON-ELECTRIC FORKLIFT THAT YOU WOULD HAVE PURCHASED IF YOU DID NOT RECEIVE FUNDING FROM THE CARL MOYER PROGRAM (Fill out if you are expanding your current operation/facility or are a new operation/facility):		
39. Forklift manufacturer:		
40. Forklift model:	41. Lift Capacity for each forklift (in pounds):	42. Year manufactured:
43. Manufacturer's Maximum Rated Brake Horsepower Rating:		44. Cost if purchased new:
45. Estimated annual fuel consumption (include units):		46. Estimated total annual hours of operation:
47. Primary Fuel: <input type="checkbox"/> Diesel <input type="checkbox"/> Propane <input type="checkbox"/> Gasoline		
48. Name and Phone Number of Store or Dealer where you would have purchased the forklift:		